

ONLY

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## **SUBSTITUTE FORM W-9**

Name and Address				DATE:		
				VENDOR NUMBER:		
SU	BJECT.	Request for Taxpayer makes you subject to a		to furnish a taxpayer id	entification number	
eg	gulations		formation from recipients o		number. Federal and state tax to report such payments to the	
		olete items 1, 2, and 3 below form to the address in the up		phone (651) 201-8201 for ass	sistance. Send, fax or e-mail the	
1. Check your tax filing status below and enter your social security number or federal employer identification num you have been issued a separate Minnesota tax identification number, write it in the space provided.						
	If you h	f you have recently applied for a taxpayer number, write "Applied For" in the space for the number.				
		Check One) ndividual: Use SSN ole Proprietorship: Use S Corporation: Use FEIN Corporation	SN or FEIN	SOCIAL SECUR	TTY NUMBER (SSN)	
		Legal Partnership: Use FE Cax Exempt Organization he section number of the loo ou are claiming exemptio	: Use FEIN and list IRS code under which		IDENTIFICATION (FEIN)  TUMBER (IF APPLICABLE)	
		Other: Please explain on r nclude a tax number.				
2.	Print the full name belonging to the social security number or employer identification number written above.					
3.	. Certification. Under penalty of perjury, I certify the number shown on this form is my correct taxpayer identification number.					
Signature				Phone No.:	Date	
de de	entificati entificati	on number to payers who on purposes and to help v	must file information in the must file information in the must be must file in the must be must be must file in the must file	109 requires you to furnis returns with IRS. IRS use ur tax return. Payers mus loes not furnish a TIN to a	es the numbers for st generally withhold 28% of	
FOR MMB USE		ТҮРЕ	IND	TIN	USED	